Our Lady of Mercy College

Staff Reimbursement Form

Date:	
Employee Name:	
Department:	
Purpose/ Description:	
Total in $:	
Receipt Attached (tick):	☐

Authoriser Name & Signature:

Right-click on the field and choose sign.

X _____

Please note your staff reimbursement will be deposited into the same account as your salary. The receipt must be attached. No receipt means no reimbursement.

Accounts Use Only

Dept	GL Code		Amount	GST/FRE

Processed:	
Paid:	
Date:	
JBN:	